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16085 U.S. PTO

PTO/SB/05 (06-03)

Approved for use through 07/31/2003. OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. PF403D2	
		First Inventor Reinhard Ebner	
		Title Human Ependymin	
		Express Mail Label No. _____	

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small></p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 88] <small>(preferred arrangement set forth below)</small><ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 7]</p> <p>5. Oath or Declaration [Total Sheets 2]<ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small><ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 (3 pages)</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small><ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Computer Readable Form (CRF)b. Specification Sequence Listing on:<ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input checked="" type="checkbox"/> Paperc. <input checked="" type="checkbox"/> Statements verifying identity of above copies</p> <p style="text-align: center;">ACCOMPANYING APPLICATIONS PARTS</p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small></p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small></p> <p>17. <input checked="" type="checkbox"/> Other: <div style="border: 1px solid black; padding: 5px; display: inline-block;">(a) Statement Under 37 C.F.R. § 3.73, Revocation Of Prior Powers Of Attorney Or Authorizations Of Agent, And Power Of Attorney Or Authorization Of Agent</div></p>
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No.: 10/187,904

Prior application information: Examiner R. Mitra Art Unit: 1653

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number: <u>22195</u> OR <input type="checkbox"/> Correspondence address below	
Name _____	
Address _____	
City _____	State _____ Zip Code _____
Country _____	Telephone _____ Fax _____

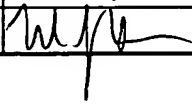
Name (Print/Type) Mark J. Hyman	Registration No. (Attorney/Agent) 46,789
Signature	Date December 12, 2003

121203

FEE TRANSMITTAL for FY 2004				<i>Complete if Known</i>	
<i>Effective 10/01/2003, Patent fees are subject to annual revision.</i>				Application Number	Not Yet Assigned
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Filing Date	Concurrently Herewith
TOTAL AMOUNT OF PAYMENT (\$) 1,204.00				First Named Inventor	Reinhard Ebner
				Examiner Name	Not Yet Assigned
				Art Unit	N/A
				Attorney Docket No.	PF403D2

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	3. ADDITIONAL FEES			
<input checked="" type="checkbox"/> Deposit Account:							
Deposit Account Number: 08-3425							
Deposit Account Name: Human Genome Sciences, Inc.							
The Director is authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below				<input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application							
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							

FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity		Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	770.00
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)				(\$)	770.00
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Total Claims	25	-20** =	5	x	18.00 =
Independent Claims	7	-3** =	4	x	86.00 =
Multiple Dependent					
Large Entity		Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)				(\$)	434.00
**or number previously paid, if greater, For Reissues, see above					

SUBMITTED BY				(Complete (if applicable))	
Name (Print/Type)	Mark J. Hyman	Registration No. (Attorney/Agent)	46,789	Telephone	(240) 314-1224
Signature				Date	December 12, 2003